

Application For Branch Office Certificate

LIC 31A-13 (Rev 05/08)

Producer Licensing Bureau

P.O. Box 1139

Sacramento, CA 95812-1139

(916) 492-3085

www.insurance.ca.gov

1.	CHECK ONE: <input type="checkbox"/> NEW BRANCH OFFICE CERTIFICATE: Fee Required: Insurance Adjuster \$35 Public Adjuster \$27 <input type="checkbox"/> CHANGE OF BRANCH OFFICE ADDRESS (no fee required) List the <u>previous</u> address of the branch office: Number/Street _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> CHANGE OF BRANCH OFFICE MANAGER (no fee required) List the <u>previous</u> Branch Office Manager; list new manager on item #7: Previous Manager: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>
2.	LICENSE TYPE HELD: Check One <input type="checkbox"/> Insurance Adjuster <input type="checkbox"/> Public Insurance Adjuster
3.	LICENSE NUMBER: _____
4.	LICENSEE NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>
5.	LICENSEE'S <u>PRINCIPAL</u> BUSINESS ADDRESS (P.O. Box is not acceptable) Number/Street _____ Apt.#/Suite _____ City _____ State ____ Zip Code _____
6.	NEW BRANCH OFFICE ADDRESS -- <u>Must be a bona fide place of business</u>, (a P.O. Box is not acceptable). Number/Street _____ Apt.#/Suite _____ City _____ State _____ Zip Code _____
7.	NAME OF PERSON IN CHARGE OF BRANCH OFFICE: A: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div> B: Social Security Number ____ / ____ / ____ C: RESIDENCE ADDRESS: Number/Street _____ Apt.#/Suite _____ City _____ State _____ Zip Code _____
8.	AUTHORIZED SIGNATURE OF <u>LICENSEE</u>: ► _____ TITLE _____ (If licensee is an organization, an officer, member, manager [corporation or LLC] or general partner [partnership] must sign). Date _____ Phone (____) _____ FAX (____) _____